

BOARD LETTER: HIV/AIDS & STD SERVICES GRANT FUNDS

HIV, STD and Hepatitis Branch
Public Health Services
May 7, 2019











CORE STD PREVENTION AND CONTROL SERVICES

STD disease surveillance

Verification of appropriate STD treatment

Investigation of priority cases

Identification of exposed partners and contacts to interrupt disease transmission

Health education and promotion

Enhancing awareness among medical and other service providers



2017

Syphilis

- 1,130 cases
- Rate 34.1 per 100,000
- Increased 14.4% since 2016
- Increased 3,310% since 2000

Gonorrhea

- 5,947 cases
- Rate 179.7 per 100,000
- Increased 18.4% since 2016
- Increased 181.2% since 2000

Chlamydia

- 20,801 cases
- Rate 628.5 per 100,000
- Increased 9.3% since 2016
- Increased 104.8% since 2000



PROGRAM OUTCOMES*

Conducted 1,130 syphilis case investigations (CY 2017)

Processed >14,200 positive syphilis results (CY2017)

Conducted 213 high-risk gonorrhea investigations (HIV prevention)

Provided 168 test kits for chlamydia/gonorrhea home testing

Conducted 44 STD presentations to 923 people, 2 sexual health educator courses, and 6 middle/high school teacher trainings

Screened over 99% of females entering juvenile detention facilities for chlamydia & gonorrhea

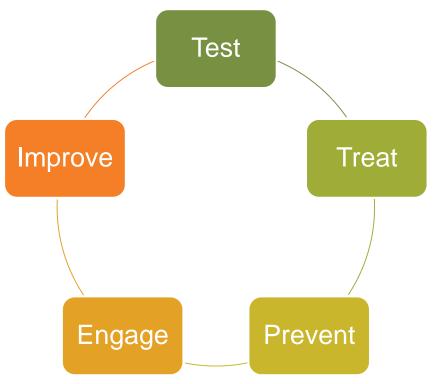




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STD SERVICES LINKAGE TO GETTING TO ZERO INITIATIVE

Assurance of HIV testing and awareness of HIV status

Linkage of HIV-negative STD cases to HIV PrEP

Assurance that HIV-positive STD cases are in care and receiving HIV treatment



CHALLENGES AND BARRIERS TO STD PREVENTION & CONTROL

Increasing morbidity \rightarrow increasing case loads for disease investigators and data entry personnel

Attitudes and beliefs about STDs in era of highly effective biomedical HIV prevention

Asymptomatic nature of many STDs (particularly extragenital gonorrhea and chlamydia)

Unequal access to and utilization of healthcare services (e.g., prenatal care)



SOLUTIONS TO ADDRESS BARRIERS AND CHALLENGES

Sustained increases in funding and staffing for core STD prevention and control activities and new/innovative activities

Frequent STD testing (link vulnerable MSM to HIV PrEP) to decrease periods of infectivity

Engage providers to conduct appropriate STD screening to detect asymptomatic infections (e.g., extragenital gonorrhea and chlamydia)

Increase awareness of STDs and available resources in vulnerable populations





